

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Herrnuth Park

Town

County

MARYLAND

Died at *Herrnuth*

Date

Month

Day

Years

Months

Days

of death *1907*

11

7

Age

27

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

John W Wright

Father's
Birthplace

Ind

Mother's
Maiden Name

Herrnuth Park

Mother's
Birthplace

Ind

Name of person giving
In formation

Samuel Duke

How related
to deceased

Brother in Law

CAUSES OF DEATH

169

Primary

Epilepsy

How long

27 years

Immediate

Coma

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J P Hinkley

Address

Herrnuth

Accident or Suicide?

No

Running Nov 27 - 1907
at Belle Chappel

Name
in
Full

Wordsworth

Bloxom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

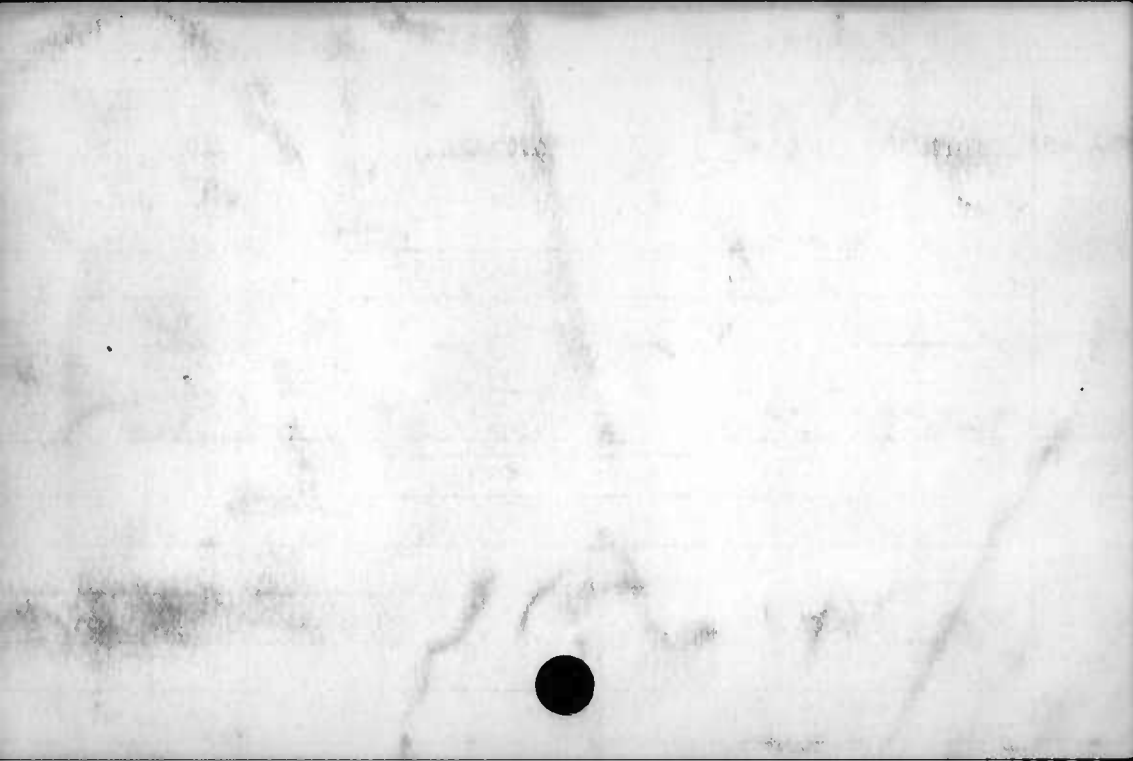
Died at <i>Hillstons</i> ^{Town}		<i>Coral</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>24</i>	Age <i>4</i>	Months <i>40</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hillstons</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Bloxom</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Anna Amelia Bloxom</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John Bloxom</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Diphtheria</i>	How long <i>3 days</i>
Immediate	<i>Diphtheritic Toxemia</i>	How long <i>Every since 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Robley Hackett</i>
		Address <i>24th Ave Ind.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Mrs Elizabeth Ellen Chilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Denton* ^{County} *Caroline* **MARYLAND**

Date of death **1907** ^{Month} *Nov* ^{Day} *9* ^{Years} *78* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House Keeper* Where Residing if not at place of death *Wentworth Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Matthew Chilton*

Father's Name *John Willis* Father's Birthplace *Maryland*

Mother's Maiden Name *Fountain* Mother's Birthplace *Id*

Name of person giving information *Mary Scatter* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Consumption* **(27)** How long *20 yrs*

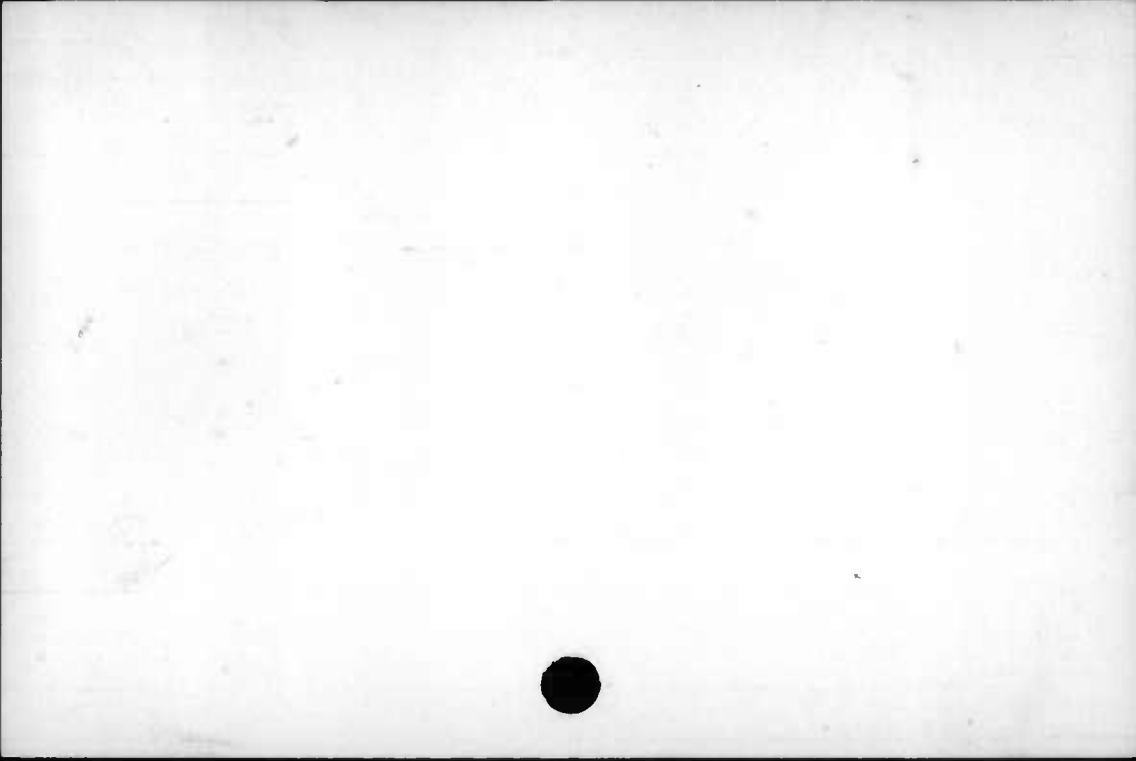
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Carroll Lewis MD*

Address *Denton Maryland*

Accident or Suicide?



Name
in
Full

Mary E. Collinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hobbs Town Caroline County

Date of death 1907 11 Month 17 Day Age 38 Years 3 Months 8 Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband William Collinson

Father's Name Thomas P. Jones Father's Birthplace Ind

Mother's Maiden Name Sarah A. Hulse Mother's Birthplace Ind

Name of person giving information Sarah A. Jones How related to deceased Mother

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary Bright's Disease How long 4 months

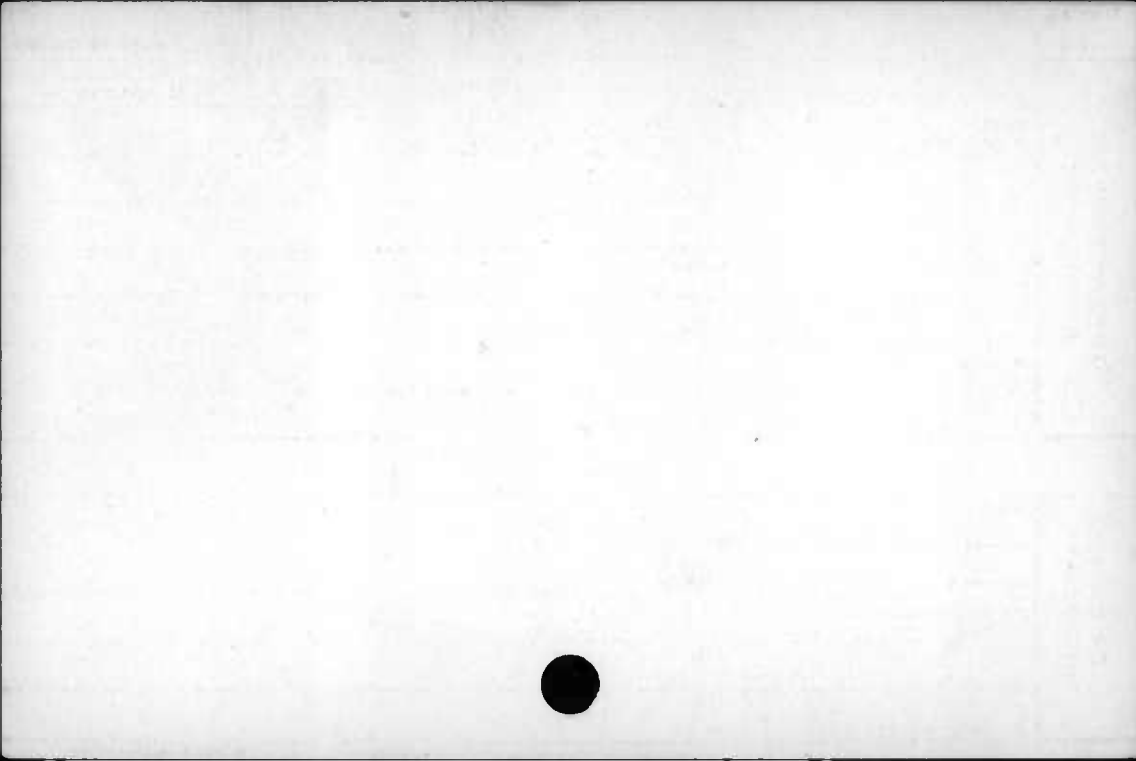
Immediate Same How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician P. B. Fisher

Address Horton

Accident or Suicide? Ind



Name
in
Full

Elisha Dean

CERTIFICATE OF DEATH

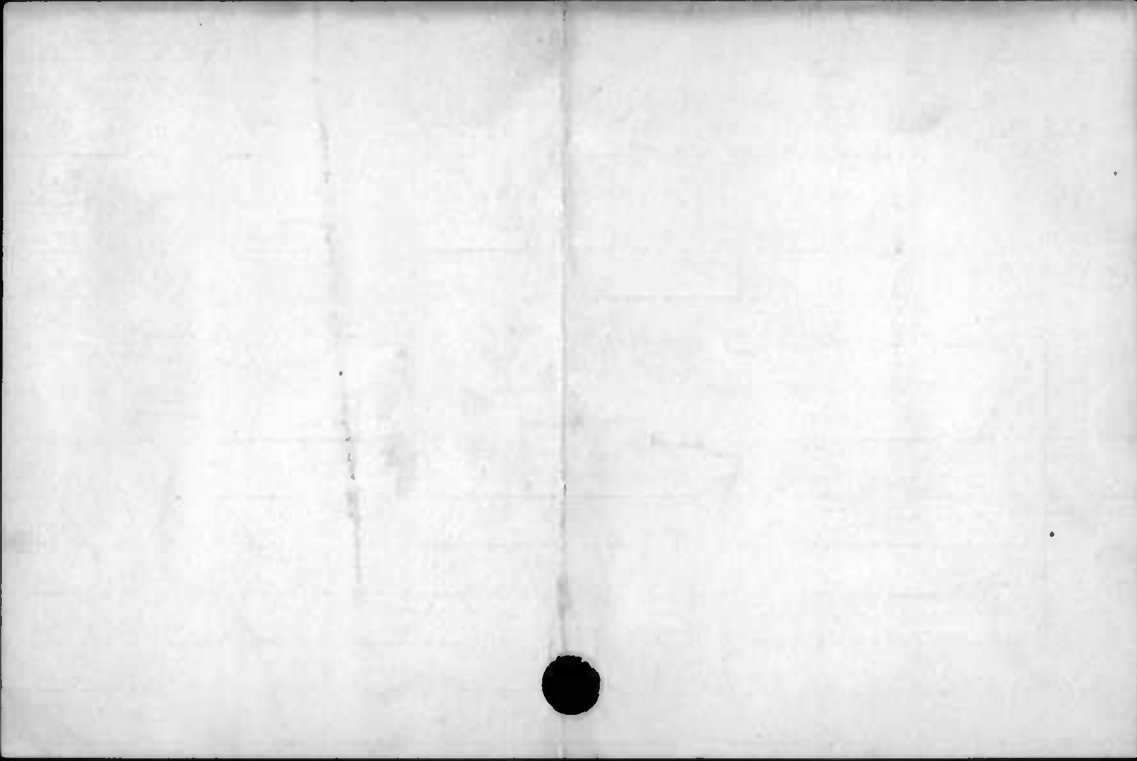
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ammonia Creek</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death		190	Month <i>11</i>	Day <i>3</i>	Age	Years <i>77</i>	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- Place <i>Caroline</i>		Day <i>18</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah E. Dean</i>		Father's Name <i>E. E. Dean</i>		Father's Birthplace <i>Caroline</i>	
Mother's Maiden Name <i>McNown</i>		Mother's Birthplace <i>—</i>		Name of person giving Information <i>Physician</i>		How related to deceased <i>—</i>	

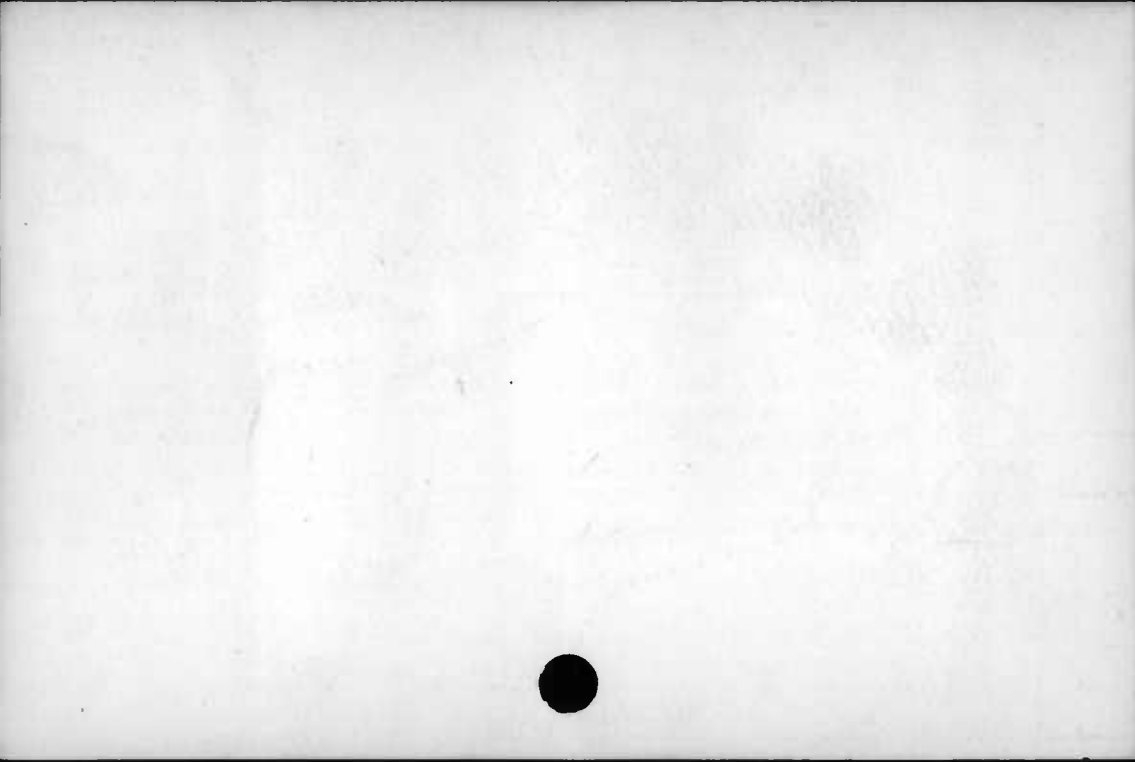
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>13-15</i>
Immediate	<i>Paralysis</i>	How long <i>13-15</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Gallowsay</i>
Address <i>—</i>		
Accident or Suicide? <i>—</i>		



Name in Full		Dauorae				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Fachus Creek</i>		Town <i>Creek</i>		County <i>Coraline</i>		MARYLAND			
	Date of death <i>1907</i>		Month <i>11</i>		Day <i>13</i>		Age <i>X</i>		Years <i>10</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>no book</i>					
	Occupation <i>None</i>		Where Residing if not at place of death <i>same</i>							
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
	Father's Name <i>John R. Dauorae</i>		Father's Birthplace <i>Del</i>							
	Mother's Maiden Name <i>Mary Cofer</i>		Mother's Birthplace <i>Del</i>							
Name of person giving information <i>Geo. Dauorae</i>		How related to deceased <i>Brother</i>								
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Dysphemia</i>		How long <i>200</i>							
	Immediate <i>thayulation</i>		How long							
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reginae Dauorae</i>							
			Address							
	Accident or Suicide?									



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

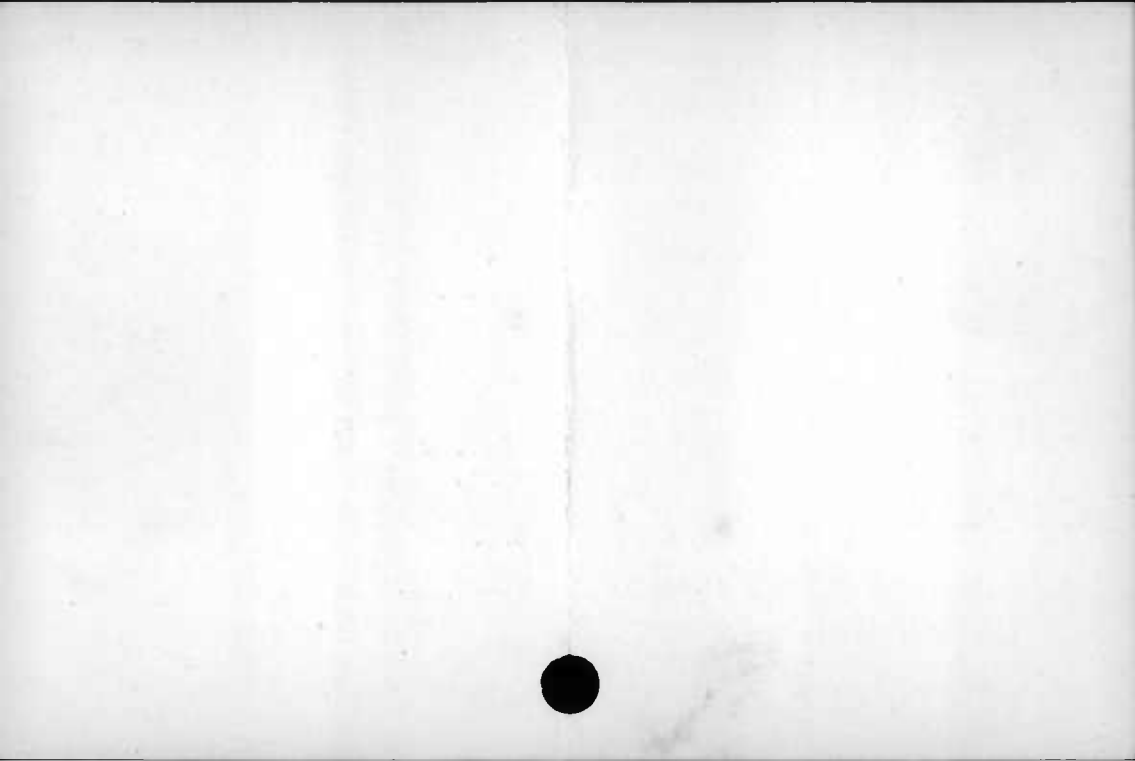
Name in Full <i>Hattie E Fleetwood</i>		Town <i>Federalsburg</i>		County <i>Caroline</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>15</i>		Years		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>											
Occupation <i>student</i>		Where Residing if not at place of death													
Married, Single or Widowed <i>single</i>		Name of Wife or Husband													
Father's Name <i>Isaac Fleetwood</i>		Father's Birthplace <i>Del</i>													
Mother's Maiden Name <i>Viola Bettyman</i>		Mother's Birthplace <i>Del</i>													
Name of person giving information <i>Isaac Fleetwood</i>		How related to deceased <i>father</i>													

CAUSES OF DEATH

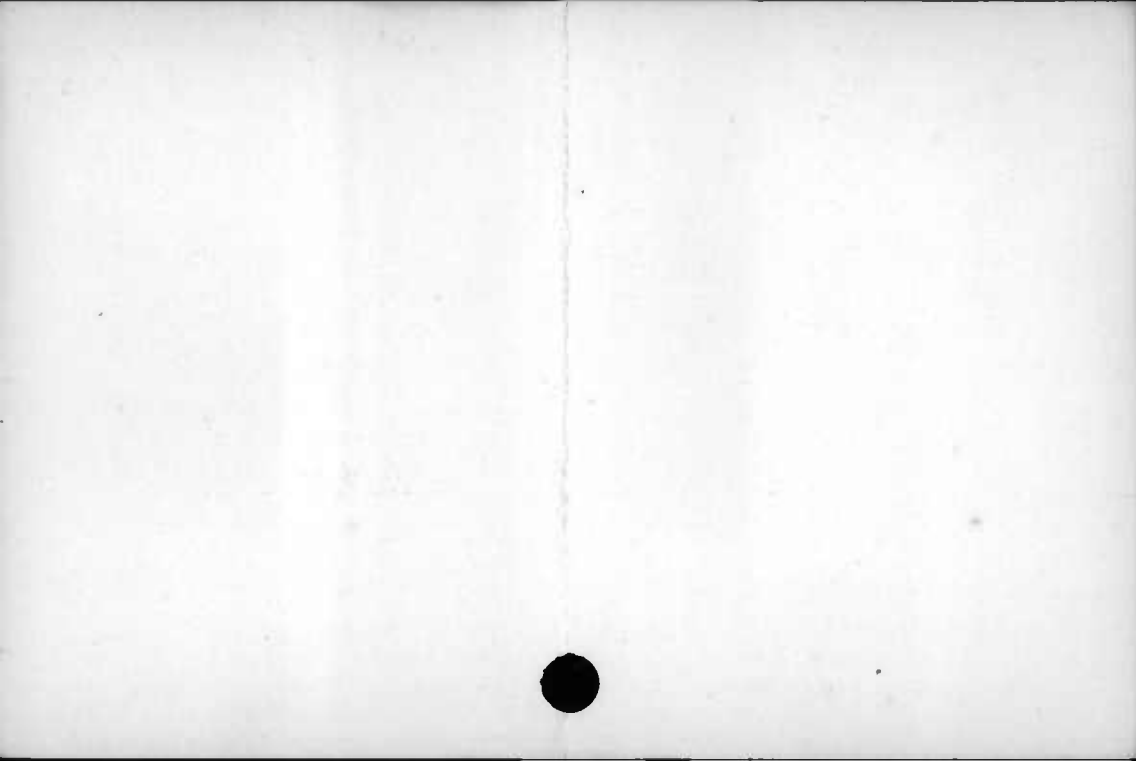
(93)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>10 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalsburg md</i>	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Federalburg		Caroline		MARYLAND					
		Date of death		1907	Month	Nov	Day	13	Age	Years	1	Months	Days
		Sex		male		Color or Race		white		Birth-place		md	
		Occupation				none				Where Residing if not at place of death			
		Married, Single or Widowed		single		Name of Wife or Husband							
		Father's Name		Eli Hastings				Father's Birthplace		Del			
		Mother's Maiden Name		Nora Hastings				Mother's Birthplace		Del			
Name of person giving information		Eli Hastings				How related to deceased		father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">9</div> </div>													
PHYSICIAN OR CORONER		Primary		Diphtheria				How long		1 week			
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		W. D. Jones			
								Address		Laurel Del			
		Accident or Suicide?											



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

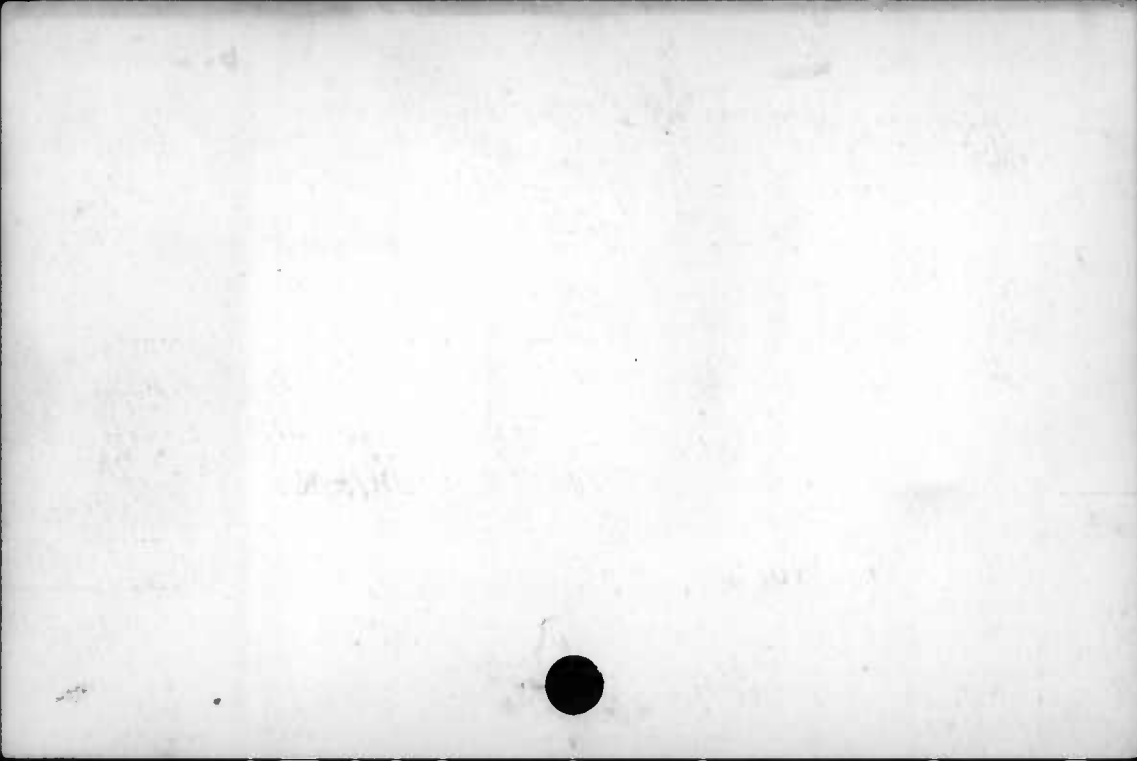
Name in Full <i>Harry Garfield Jackson</i>		Town <i>Indian</i>		County <i>Caroline</i>		MARYLAND.	
Died <i>Nov</i>		Month <i>Nov.</i>		Day <i>8</i>		Age <i>25</i>	
Date of death <i>1907</i>		Month <i>Nov.</i>		Day <i>8</i>		Months <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Caroline</i>			
Occupation <i>Bone factory</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Ally Jackson</i>		Father's Birthplace <i>Caroline Co.</i>					
Mother's Maiden Name <i>Sarah E. Colwell</i>		Mother's Birthplace <i>Caroline Co.</i>					
Name of person giving information <i>Ally Jackson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. B. Rouse MD</i>
	Address <i>Hillsboro</i>
Accident or Suicide? <i>No</i>	<i>Ma</i>



James Curtis Johnson

CERTIFICATE OF DEATH

Died at *near Goldsboro* Town *Caroline* County **MARYLAND**

Date of death **1907** Month *Nov.* Day *2* Age *65* Years Months *3* Days *15*

Sex *male* Color or Race *White* Birthplace *Delaware*

Occupation *Farmer* Where Residing if not at place of death *Near Goldsboro*

Married, Single or Widowed *married* Name of Wife or Husband *Martha Hamington*

Father's Name *Corneils Johnstone* Father's Birthplace *Delaware*

Mother's Maiden Name *Ange Markes* Mother's Birthplace *Delaware*

Name of person giving information *James Turner* How related to deceased *Son in law*

CAUSES OF DEATH

108

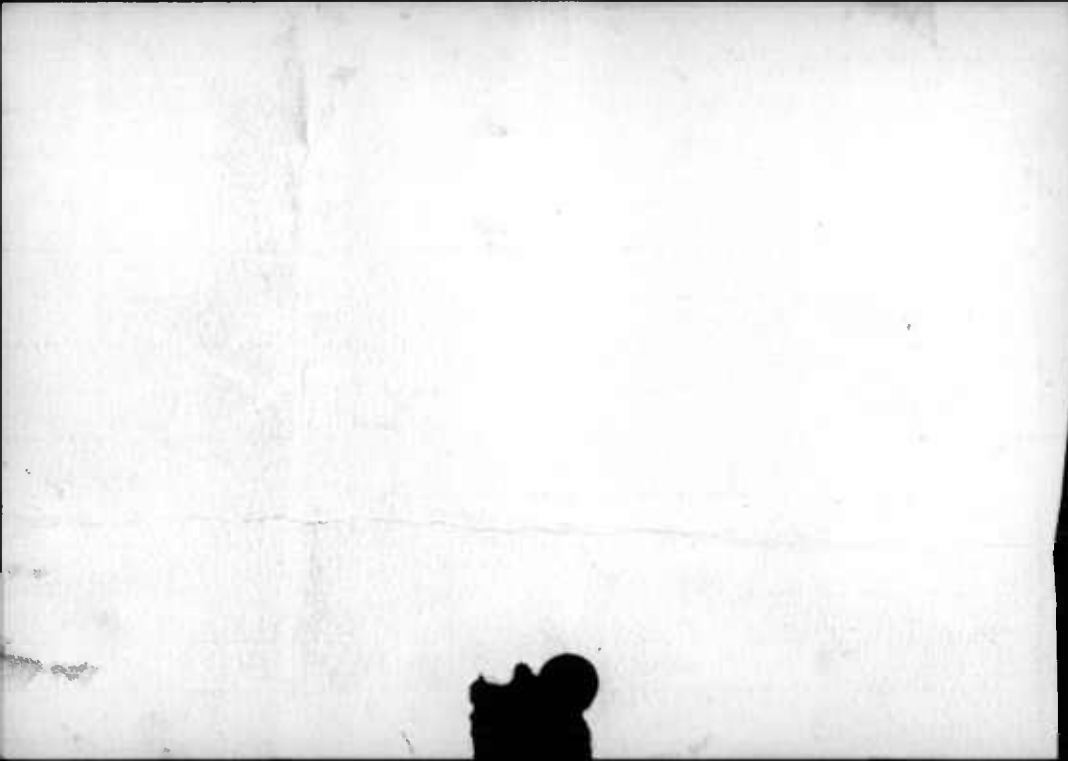
Primary *Intestinal Obstruction* How long *6 days*

Immediate *Collapse* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J. Silver*

Address *Goldsboro*

Accident or Suicide? ☐



Name
in
Full

Anna Louise Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

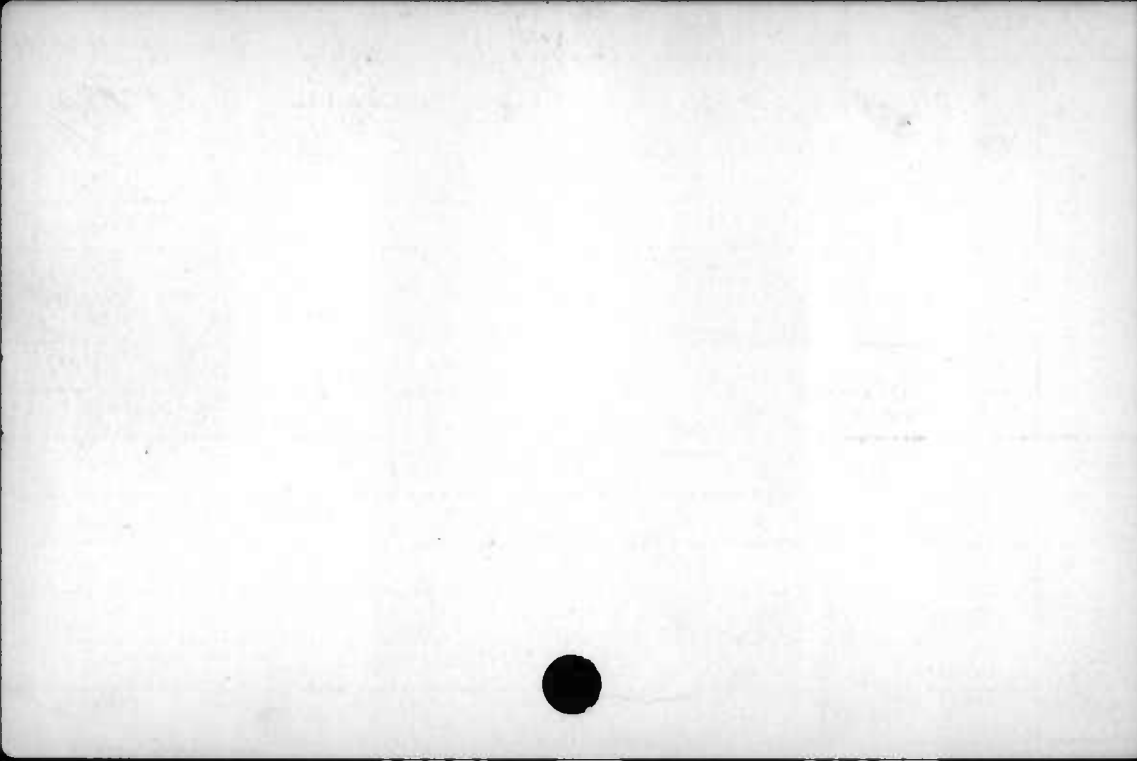
Died at <u>Dorton</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1907</u>	<u>11</u> Month	<u>25</u> Day	Age <u>—</u> Years	<u>4</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Dorton</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William Jones</u>			Father's Birthplace <u>Dorton</u>		
Mother's Maiden Name <u>Carrie Anthony</u>			Mother's Birthplace <u>Dorton</u>		
Name of person giving information <u>William Jones</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Croupous Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Obstruction of Lungs</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Nichols</u>
<u>J</u>	Address <u>Dorton Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Elay R Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>1</i> Years	Months <i>2</i> Days <i>14</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Rothwood Jones</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Nora Sparks</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Rothwood Jones</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(90)

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>1 1/2 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J L Hobbs</i>
<i>J</i> Accident or Suicide?	Address <i>Preston Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> ^{Town}		<u>Manassas</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month}	<u>Nov.</u>	Day <u>3</u>	Age <u> </u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>near Ridgely</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married Single or Widowed		Name of Wife or Husband <u> </u>			
Father's Name <u>Linwood Mansfield</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Rody Thomas</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Father Linwood Mansfield</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hydrocephalus</u>	How long <u> </u>
Immediate <u>Instrumental delivery - ruptured cranium</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Madara, J. A. Stone</u>
	Address <u>Ridgely Ind.</u>
Accident or Suicide	



Name
in
Full

Nathan Melvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

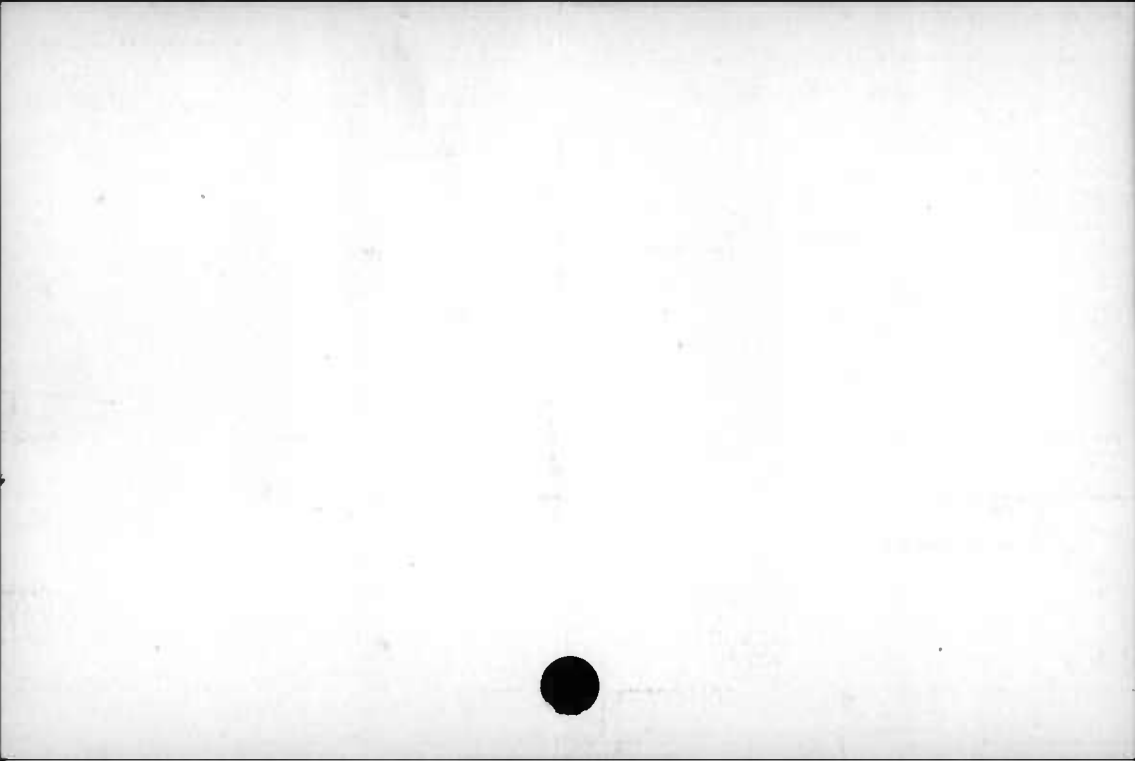
Died at <i>Hickman</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Nov</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>78</i> <small>Years</small>	<i>19</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>Hickman Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Julia Melvin</i>				
Father's Name <i>Nathan Melvin</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace				
Name of person giving information <i>Julia Melvin</i>	How related and aged <i>Wife</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>4 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>See death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. George Smith</i>
	Address <i>Denton Caroline Co Md</i>
Accident or Suicide? <i>No</i>	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

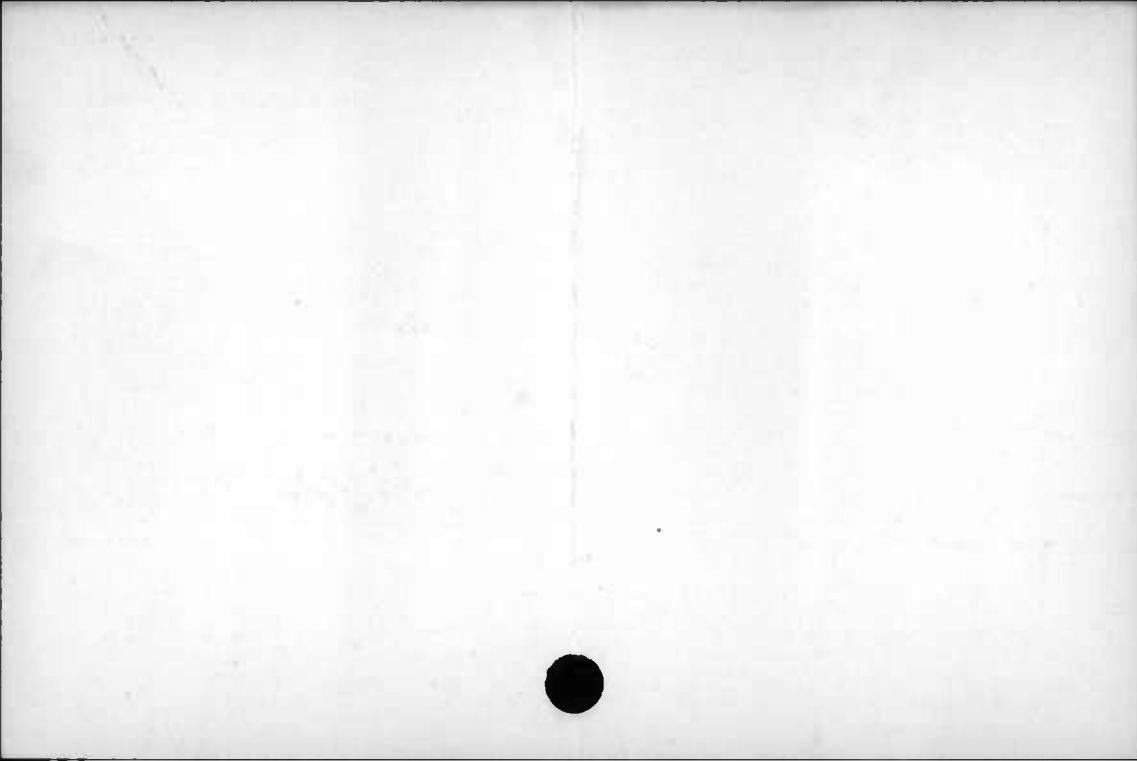
Name in Full <i>Charlotte Moore</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		STATE MARYLAND	
Died at <i>Federalburg</i>		Month <i>Nov</i>		Day <i>13</i>		Years <i>89</i>	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>13</i>		Years <i>89</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>James Moore</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>D. J. Moore</i>		How related to deceased <i>both in law</i>					

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>several years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. Kemp Jefferson</i>	
<i>2</i>		Address <i>Federalburg md</i>	
Accident or Suicide?			



Name
in
Full

Ellen Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rodgely</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Nov.</i>		Day <i>6</i>		Age <i>77</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>D.C. Co.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alex. Murray</i>					
Father's Name <i>Benj. Greenack</i>		Father's Birthplace <i>D.C. Co.</i>		Mother's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Name of person giving information <i>Alex. Murray</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis & Chronic Endocarditis</i>	How long	<i>1 year +</i>
Immediate	<i>Heart failure</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. W. B. Brown, M.D.</i>	
		Address <i>Hillsboro,</i>	
Accident or Suicide? <i>No</i>		<i>md</i>	

(5)



Name
in
Full

Raymond Rash

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

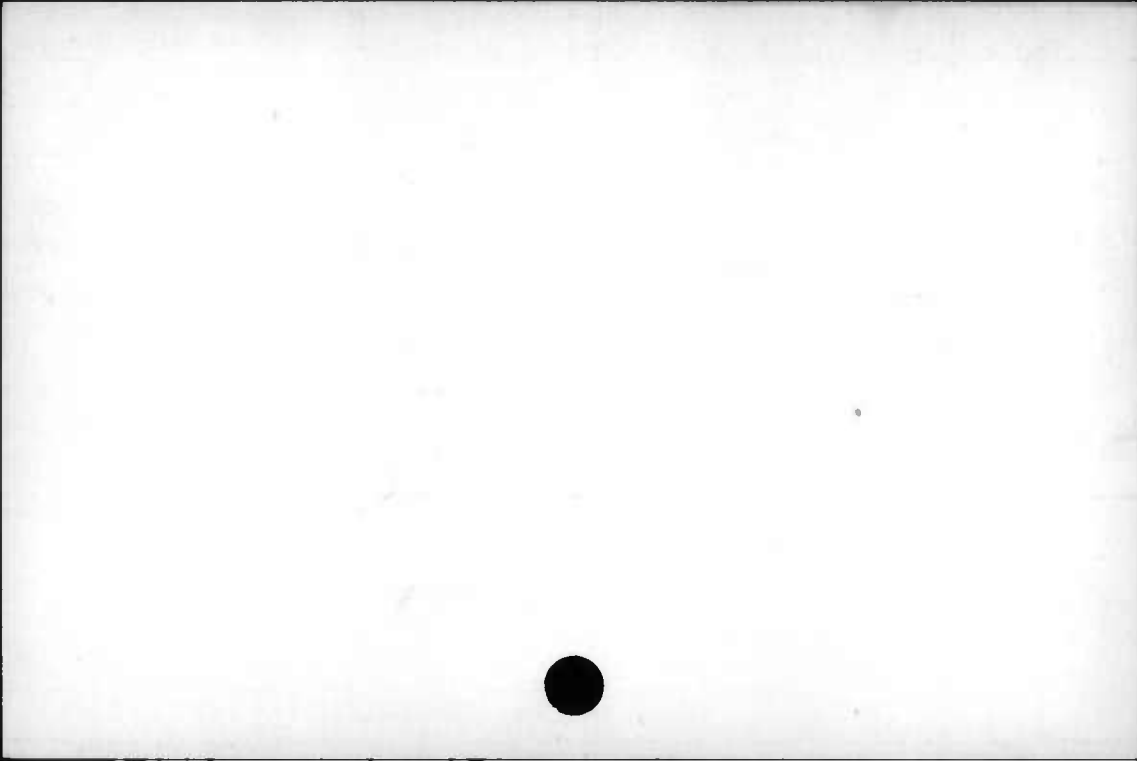
Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Nov.</i> ^{Day} <i>17</i>	Age	<i>19</i> ^{Years}	<i>7</i> ^{Months}	<i>17</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Samuel Rash</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Mary Brown</i>		Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>James Rash</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Grip- Phthisis</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. C. Madara</i>
		Address	<i>Ridgely Md.</i>
Accident or Suicide?			



Name
in
Full

Bettie L Truxon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov	12	29			
Sex	female	Color or Race	black	Birth-place	N.C.		
Occupation	house wife			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband			
Father's Name		Peter Williamson			Father's Birthplace		
Mother's Maiden Name		Annie Perry			Mother's Birthplace		
Name of person giving information		Annie Williamson			How related to deceased		
					mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	1 year
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

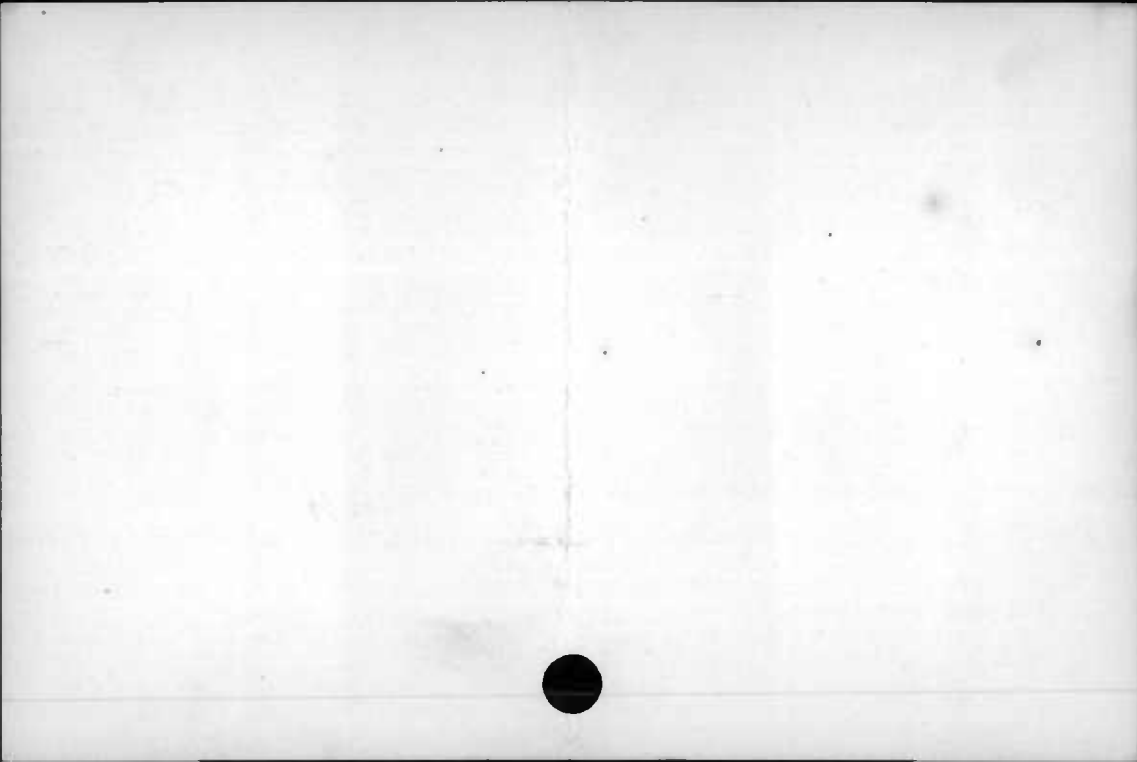
yes

Signature of Physician

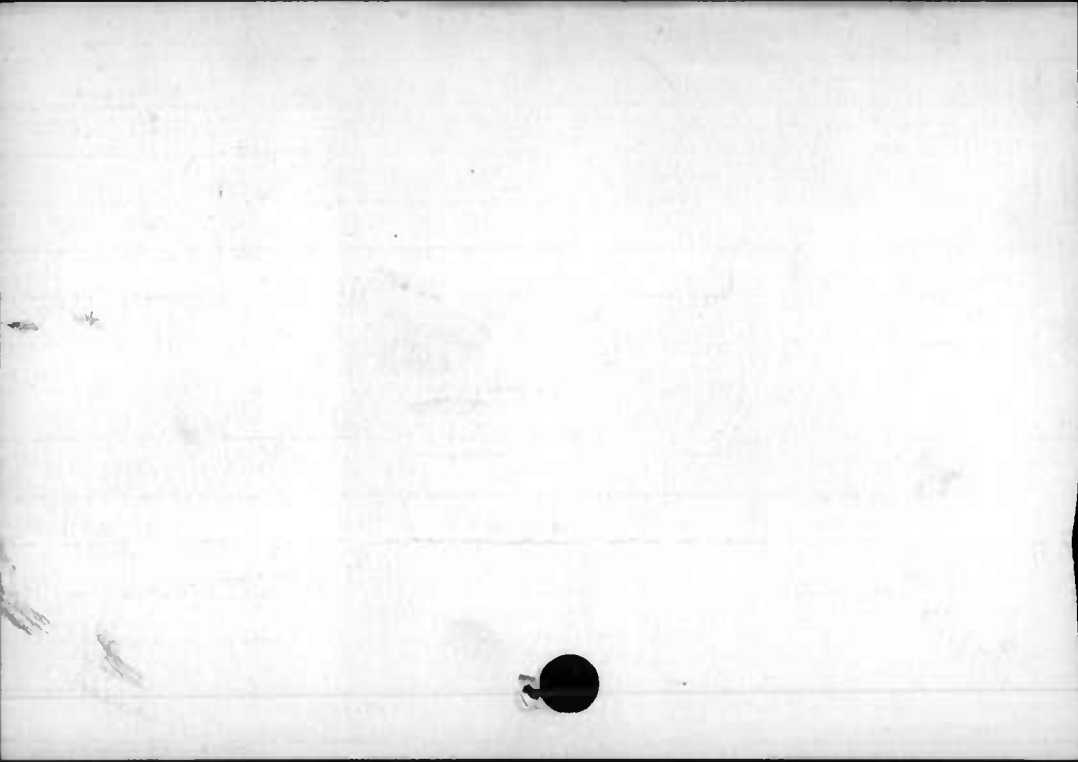
Address

R. Kemp Jefferson
Federalburg Md

Accident or Suicide?



Joseph Edward Webster							CERTIFICATE OF DEATH	
Died at ^{Town} near Goldsboro			^{County} Caroline		MARYLAND			
Date of death		1907	Month	7	Day	27	Age	67
					Months	4	Years	23
Sex	male		Color or Race	Colo		Birthplace		
Occupation	Clergman		Where Residing if not at place of death		Hartford Co. Md			
Married, Single or Widowed	married		Name of Wife or Husband		Indiana Scott			
Father's Name	William Webster		Father's Birthplace		Hartford Co. Md			
Mother's Maiden Name	Nancy Bradford		Mother's Birthplace		Hartford Co. Md			
Name of person giving information	John W. Stevens		How related to deceased		none			
<div>CAUSES OF DEATH</div> <div>26</div>								
Primary	Laryngeal Tuberculosis				How long			
Immediate	Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician			
					Address			
					Goldboro Md			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

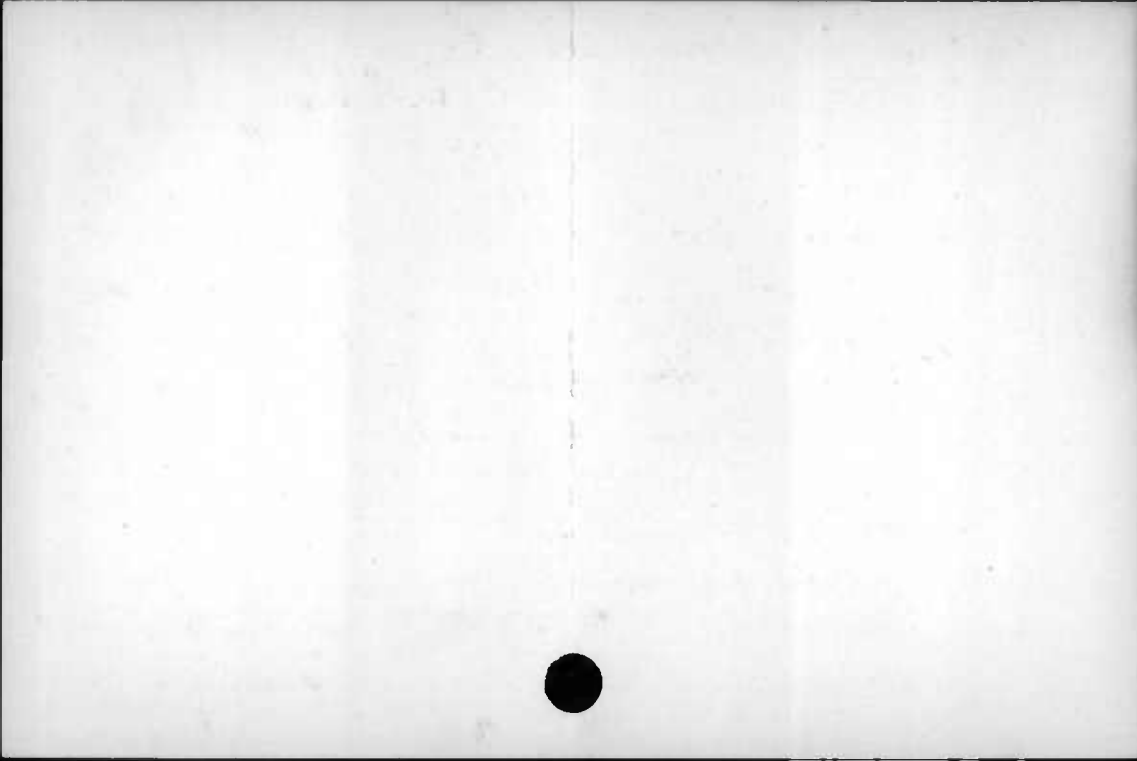
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Adeline Killoughly		Town		County		Caroline		MARYLAND			
Died at		Smithville		Month		Day		Years		Months		Days	
Date of death		1907		Nov		9		Age		72			
Sex		female		Color or Race		white		Birth-place		md			
Occupation		housekeeper		Where Residing if not at place of death									
Married, Single or Widowed		widow		Name of Wife or Husband		Richard Killoughly							
Father's Name		unknown		Father's Birthplace		unknown							
Mother's Maiden Name		unknown		Mother's Birthplace		unknown							
Name of person giving information		Jeb Killoughly		How related to deceased		son							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pneumonia		(93)		How long		10 days	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. Kemp Jefferson			
				Address		Federalburg md			
Accident or Suicide?									



Name
in
Full

Naoma Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Proton ^{Town} Cosumne ^{County} MARYLAND

Date of death 1907 ^{Month} Nov ^{Day} 1 ^{Age} 4 ^{Years} 4 ^{Months} 4 ^{Days}

Sex Female Color or Race White Birth-place MD

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name George Wright Father's Birthplace MD

Mother's Maiden Name Minnie Callahan Mother's Birthplace MD

Name of person giving information Geo Wright How related to deceased Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 3 days

Immediate Heart failure How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

